

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. FILING DATE

11. *What is the best way to increase the number of people who use a particular service?*

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61	1					
62	1					
63	1					
64	1					
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68		1				
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97						
98						
99						
100						
TOTAL IND.	7					
TOTAL DEP.	57	↔		↔		↔
TOTAL CLAIMS	64					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS